

Utah Promotes Prevention and Improved Access to Care through Online Continuing Education and Telemedicine Initiatives

Utah ranks sixth among the 50 states for total population health. However, disparities in access to healthcare exist, as well as challenges related to the delivery of healthcare in rural settings.¹ To address this, the Utah Department of Health is leveraging online continuing education and telemedicine in statewide efforts to advance population health.

The Utah Department of Health (UDOH) is using online continuing education (e.g., webinars and online forums) to deliver provider education and training to increase the uptake and use of evidence-based strategies for certain health conditions, focusing on chronic disease prevention and promotion. In addition, UDOH is advancing policies that support telemedicine and providing funding to support the [Utah Telehealth Network](#) (UTN), which helps build the telemedicine infrastructure throughout the state to increase access to care and reduce healthcare disparities. Telemedicine is the “use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status,” such as the delivery of face-to-face healthcare services via live video-conferencing.² These efforts align with UDOH’s goal of supporting providers with evidence-based information, increasing access to services, and improving the quality of healthcare for difficult to reach patients and those living in rural areas.

Steps Taken:

Using Online Continuing Education to Promote Prevention and Evidence-Based Care:

- UDOH merged three existing programs to form the [Healthy Living through Environment, Policy, and Improved Clinical Care Program \(EPICC\)](#) in July 2013. EPICC focuses on diabetes prevention and control, heart disease and stroke prevention, and improving physical activity, nutrition, and obesity. As part of its diabetes education program, EPICC offers monthly webinars to physicians, nurses, pharmacies, and other providers which focus on evidence-based diabetes care. The program also supports community-clinical linkages through an education program for people with or at high risk of chronic diseases.
- EPICC began using webinars for provider education in 2007 and generally hosts a webinar every month on varying topics, such as peer health and support to improve diabetes self-management to contraceptive care in persons with diabetes. Providers can attend these webinars for continuing education units. As part of this, EPICC evaluates attendees through surveys to measure knowledge acquisition and whether the webinar was successful in supporting implementation of evidence-based strategies into practitioners’ work. Attendees must obtain an 80 percent knowledge base in order to receive credits in the post-test.

In 2015, 579 nurses, dieticians, and pharmacists received continuing education for diabetes self-management education through Utah’s EPICC Program.

- UDOH uses Adobe Connect software to host webinars and runs the webinars completely in-house. Registration is free and open to the public – not just those that reside in Utah. To get the word out about the webinars, UDOH utilizes listservs, website posts, and word-of-mouth. Recordings of the diabetes webinars are available for viewing for one year after the webinar.
- UDOH also hosts webinars on topics such as asthma and school nurse programs a few times each year.

Leveraging Telemedicine to Increase Access to Care:

- UDOH's Medicaid program supports telemedicine adoption in several ways. In 2014, Utah Medicaid received one million dollars in funding from the state budget to help build infrastructure throughout the state in partnership with UTN. UTN is an independent non-profit organization that uses interactive video to deliver patient education, provide continuing education to health professionals, and to facilitate administrative meetings. Through a request for proposal process, UDOH and UTN awarded eight organizations funding to secure the necessary technology and equipment to participate in UTN. Recipients included independent rural hospitals, county mental health organizations, and several programs at the University of Utah. All eight organizations have begun serving the public with telemedicine services.
- Utah Medicaid is in charge of developing policies that support telemedicine reimbursement and encourage adoption. While more updates are needed to the policies, they do support telemedicine in several ways. Utah Medicaid covers physician and nurse practitioner services via live video-conferencing, which is paid as an office visit when coded appropriately.
- Moving forward, Utah Medicaid is currently considering reimbursement policies that encourage telemedicine adoption and identifying other opportunities to increase access to care in rural areas via telemedicine.
- *Other activities:* As part of a learning collaborative with the [Center for Health Care Strategies](#), Utah Medicaid is exploring avenues to partner with [Project ECHO](#) (Extension for Community Healthcare Outcomes) to provide provider education and use their information and data sources. Project ECHO is a collaborative model of medical education and care management that empowers clinicians to provide better care to individuals remotely.

Results:

- In the last year, 1,177 individuals showed interest and registered for a webinar. In the same year, 579 nurses, dieticians, and pharmacists received continuing education credits for diabetes self-management education.
- Evaluation of the Utah Medicaid program efforts is in the early stages, with expected completion by 2017. Anecdotal evidence suggests that the state has been successful in creating technological capacity amongst providers as the technology itself is no longer a barrier. However, full adoption and integration into clinical workflows and operations remain a challenge.

Lessons Learned:

- **Clarity from the field about the definition of telemedicine is needed.** Utah has a specific definition of telemedicine (e.g., live video-conferencing); however, as new possibilities emerge (e.g., store-and-forward technology, remote patient-monitoring) there is a need for clarification from the field about what is considered telemedicine. In addition, there is confusion about distinctions between telemedicine and the term telehealth, which is increasingly used to encompass a broad array of services and technologies, including provider education.
- **Additional provider outreach and education is needed.** While many providers currently have the equipment and software to provide telemedicine services, there is confusion amongst providers about the reimbursement policies (e.g., proper coding, qualifications) which limits adoption. Thus, more outreach and education for providers is needed to increase uptake. UDOH noted that one promising strategy is to partner and collaborate with the UTN and other stakeholders on this work.
- **Greater evidence on return on investment and outcomes for telemedicine from a state perspective are needed.** Though researchers have demonstrated the benefits of specific programs (e.g., telestroke, teledermatology, telepsychiatry), the impact of telemedicine on the quality of care and cost-effectiveness from a state perspective (e.g., outcomes for Medicaid populations) is limited. This information would be helpful for program planning to understand how any outlays for technology or reimbursement of telemedicine programs would be balanced by cost-savings. In addition, best practices for state policies on coverage and reimbursement are also needed.

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¹ Kaiser Family Foundation. "Utah Health Care Landscape." Available at: <http://kff.org/health-reform/fact-sheet/the-utah-health-care-landscape/>. Accessed 8-18-16.

² American Telemedicine Association. "What is Telemedicine?" Available at: <http://www.americantelemed.org/about-telemedicine/what-is-telemedicine#.V-r8ZPArLRY>. Accessed 9-27-16.